

GEORGIA DEPARTMENT OF HUMAN RESOURCES

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL
DISABILITIES AND ADDICTIVE DISEASES**

**APPLICATION USER’S GUIDELINE
TO BECOME A PROVIDER OF
STATE SUPPORTED AND MEDICAID REIMBURSED
MENTAL HEALTH AND ADDICTIVE DISEASES SERVICES
FOR CHILDREN AND ADOLESCENTS**



DHR

OVERVIEW

Beginning January 1, 2007, the majority of the Division's state funded Child and Adolescent services will be reimbursed through a Fee for Service payment system with qualified providers who have signed Provider Agreements with the Division of MHDDAD. This guideline and accompanying application, *Behavioral Health Provider Application for Accredited Providers*, is targeted for prospective providers of these services. Consideration will only be given to providers who are currently accredited and those who have submitted an application for accreditation in order to become accredited within 18 months. The following accrediting agencies are accepted by the Division of MHDDAD. (**NOTE:** Agency's currently accredited as an in-patient facility by one of these bodies, must submit application to that agency for an accreditation review of out-patient services during the agency's next scheduled renewal review. It is expected that while the agency awaits the appropriate accreditation, the day to day operations must be in compliance with the accrediting body's service delivery standards and accreditation requirements.)

- **CARF** – the Rehabilitation Accreditation Commission
 - www.carf.org
- **JCAHO** – The Joint Commission on Accreditation of Healthcare Organizations
 - www.jointcommission.org
- **The Council** – The Council on Quality and Leadership
 - www.thecouncil.org
- **COA** – Council on Accreditation of Services for Families and Children
 - www.coanet.org

Any agency, regardless of their current relationship with DHR and the Division of MHDDAD must complete and submit this *Behavioral Health Provider Application for Accredited Providers* in order to be considered as a qualified provider of state reimbursed services through fee for service. All applicants must also be prepared to bill Medicaid for Mental Health and Addictive Disease services for recipients who are Medicaid eligible. In addition to submitting the *Behavioral Health Provider Application for Accredited Providers*, agencies must also submit a completed Medicaid application for which details are also outlined in this guide. (**NOTE:** If the agency is currently authorized as a Medicaid Rehabilitation provider for the same services included in this application, no further Medicaid application is required. Details of this Medicaid information will be specified in the *Behavioral Health Provider Application for Accredited Providers*.)

Medicaid Application Requirements:

The website for more details regarding Medicaid provider requirements can be found at www.ghp.georgia.gov. Following the information from the "Provider Information" tab and the link to "Medicaid Provider Manuals", particular attention should be given to the links for [Part I Policies and Procedures / Billing Manual](#) and [Community Mental Health Services](#) for provider details.

Submission Requirements:

It is preferable that applications be submitted by October 15, 2006 but must be submitted no later than November 1, 2006 to be considered for a qualified provider and to enter a

Provider Agreement to offer and be reimbursed for state funded services through the Fee for Service program on or after January 1, 2007. Both applications (Medicaid and State) and the required supporting documentation must be submitted simultaneously to the Division. This submission must include a single hard copy and a single electronic version on CD. The hard copy must be original documents and be tabbed for easy review. The electronic version must be complete and include scanned documents with signatures of the entire components submitted in the hard copy application. These must be sent to the following address via US Postal Service or other recognized mail carriers such as UPS, FedEx, DHL, etc. to the address listed below. **HAND DELIVERIES WILL NOT BE ACCEPTED.**

**Provider Application
Attention: Vanessa Davis
Provider Network Management Section
Division of MHDDAD
2 Peachtree Street, 23rd Floor
Atlanta, Georgia 30303**

Once received by the Division, a tracking number will be assigned to the application. Confirmation of receipt of the application along with this tracking number will be submitted to the applicant via email within 48 hours. All communications, updates, modifications to the original application including the addition or deletion of services and site locations as well as requests for additional information must reference this tracking number. The division anticipates fully processing complete applications within 60 days. If the application is not complete, the 60 days will be extended accordingly based on the time it takes for the agency to submit the necessary information.

**Any questions regarding your application must be submitted via email to the following address and remember to include your assigned tracking number.
MHDDAD-serviceapps@dhr.state.ga.us.**

Considerations:

- While the Division will process the Medicaid Application as well, we cannot assure that a provider number will be issued by January 1st for Medicaid billing reimbursement.
- The Division will closely monitor its need and capacity to add new providers to the network. If necessary, solicitation in some or all areas may be closed to new qualified providers for participate in the state funded Fee for Service reimbursement. **Agencies may elect to apply as a Medicaid Provider only.** This suspension of solicitation for state funded service applications does not preclude providers from continuing to submit the Medicaid Provider Application. However, in order to fully review and consider the Medicaid Application, the information from the Behavioral Health Provider Application for Accredited Providers is necessary and must also be submitted with the Medicaid Application even though it may not be used to enroll the agency as a qualified provider of services within the Fee for Service environment.

Section I

Check the appropriate ***Qualified Provider*** category and ***Services*** that describes your agency and intent. Agencies must be prepared to deliver both mental health and addictive disease services. A complete list of the services, definitions and staff qualifications and required standards can be found in the Division's Provider Manual, available through the **Provider Information** link on this web page: <http://mhddad.dhr.georgia.gov>. Particular attention should be directed to Parts I and II for these standards, service definitions and staffing requirements. Validation of the appropriate staff will be required on **Forms 2 and 3**.

Check the appropriate ***Accreditation*** agency and category. If the agency is currently accredited or anticipates accreditation within 18 months, the application will be accepted for further review. A copy of your current accreditation or acknowledgement from one of the four accepted bodies regarding your status and intentions to become accredited must be included with your application.

Section II

All fields are required for a complete application. The person(s) identified as the contact should be easily accessible via email for providing additional information should it be required. Also note in Section B, it is critical to provide the agency's d/b/a or any other associated or alternative business names.

Section III

As noted in the application, multiple copies of this section are appropriate and acceptable as each service location must be identified.

Section III, D, the business hours are specific to Core Services Only. The agency must operate a minimum of 52 hours per week to allow access to services for individuals who work or are otherwise engaged in activities during traditional 8-5 business hours. This will be accomplished by maintaining business hours after 5:00 PM Monday – Friday and on the weekends. Be specific regarding the sites business hours by completing the grid to demonstrate how the agency will meet these requirements.

For **Intensive Family Intervention providers**, it is expected that these services and supports be provided when and where the family needs them and in compliance with the service definition and guidelines.

Section III, E, It is expected that **Core Service** providers be prepared to respond within 2 hours when either an existing consumer in treatment needs the intervention or when a referral for crisis services is made to the agency through the Georgia Crisis and Access Line. Check all the boxes that apply to describe how your agency will meet this required access.

For **Intensive Family Intervention providers**, the agency must have plans for after hours access for consumers in existing treatment. Check all the boxes that apply to describe how your agency will meet this required access.

Section III, G, Medicaid certification from other states: Many providers offer services to people who are residents outside the state of Georgia. If this is applicable to your agency, please indicate which other states have provided authorization to bill their Medicaid program.

Section IV

If a “yes” is provided to any of these questions, supporting documentation is required that fully explains the circumstances surrounding the event, details of any resulting settlements, and or resolutions.

Section V

- Applicants must provide evidence of a viable business in Georgia through the Secretary of State’s Office.
- For **any service that requires a license**, a current copy of that license must be submitted with this application. For more details regarding license requirements, note the steps listed below and the brief licensure chart specific to the services in this application.
 - ❑ Go to the web site for the State of Georgia Office of Regulatory Services which can be found at <http://ors.dhr.georgia.gov/portal/site/DHR-ORS/>
 - ❑ Click on the “Services” tab
 - Look through services described under [Primary Health Care](#)
 - For example, certain SA services fall under [Drug Abuse Treatment Programs](#)
 - Look through services described under [Long-Term Care](#)
 - For example, provision of residential services for two or more unrelated adults (regardless of disability) must be licensed under
 - [Community Living Arrangements](#) (*note that you must have Regional Office approval to make application for this license*) or
 - [Personal Care Homes](#)
 - If you plan to provide residential services to children, look through information found under [Residential Child Care](#), specifically
 - [Child Care Institutions](#)
 - If you are serving children, you may also apply for a waiver for the [Community Living Arrangements](#) license

PROPOSED SERVICE	LICENSE REQUIRED
Crisis Residential Services (NOTE: Determination of need by MHDDAD is required PRIOR to submitting your application. Your agency must be a Community Service Board or a State Operated Facility System Hospital to apply).	<ul style="list-style-type: none"> ❑ Licensing is not required, HOWEVER you must be designated by the Division of MHDDAD as an Emergency Receiving and Evaluating Facility, must provide psychiatric stabilization and detoxification services and must be certified every two years
Community Inpatient Services (NOTE: Determination of need by MHDDAD is required PRIOR to submitting your application. You must be a specialty hospital or psychiatric residential treatment facility offering CAL-LOCUS Level 5 or 6 to apply).	<ul style="list-style-type: none"> ❑ Hospital <i>or</i> ❑ Intensive Residential Treatment Facilities for Children and Youth

- If accredited, a copy of the agency's Accreditation Certification must be submitted. If the agency is not accredited, a confirmation letter indicating the agency has applied must be included. Remember that accreditation must be obtained from one of the four recognized accrediting bodies noted in the **Overview** of this User's Guide and must be obtained within eighteen (18) months of the date of the application.
- The general and professional insurance requirements can be found in the Division's Provider Manual, available through the **Provider Information** link on this web page: <http://mhddad.dhr.georgia.gov>. These requirements are specifically noted in the link located at the bottom of the Provider Manual information and titled:
UPDATE: Insurance Requirements 6.30.06
- Provide the current Table of Organization for Georgia operations. This table must indicate the number of FTEs currently employed in each position. Also include the proposed Table of Organization for the Georgia operations which will include the services covered in this application and also the number of FTEs for each position to manage these services.

Forms 1 and 2:

These forms must be fully completed and submitted.